## SERIAL NO. FILING DATE **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER 1st AMENDMENT AFTER 2nd AMENDMENT AS FILED DEP. DEP. IND. DEP. IND. IND. IND. DEP. DEP. <u>;</u> -ī TOTAL Ĵ TOTAL ្ន៖ \_1 ı J J TOTAL 23 TOTAL DEP: TOTAL CLAIMS Si ca

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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